

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

81 05 27

115-000-001-329

Name **Commander**

Enter the name and address of the person or organization required to notify.

Street US Army St. Louis Area Support Center

City Granite City State IL Zip Code 62040

Name of Site US Army St. Louis Area Support Center

Enter the common name (if known) and actual location of the site.

Street Route 3 & end of Niedringhaus Avenue

City	Granite City	County	Madison	State	IL	Zip Code	62040
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Name (Last, First and Title) Wright, Larry E., Chief, Installation
618-452-4222 Management Division

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Phone 618-452-4233

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1942 To (Year) 1971 (Deactivation of US Army Depot)

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item 1—Description of Site.

General Type of Waste:
Place an X in the appropriate
boxes. The categories listed
overlap. Check each applicable
category.

Source of Waste:
Place an X in the appropriate boxes.

1. ☒ Organics
2. ☒ Inorganics
3. ☒ Solvents
4. ☒ Pesticides
5. ☒ Heavy metals
6. ☒ Acids
7. ☒ Bases
8. ☒ PCBs
9. ☐ Mixed Municipal Waste
10. ☒ Unknown
11. ☒ Other (Specify)

Radioactive Material

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☒ Unknown
18. ☒ Other (Specify)

Miscellaneous operations
as US Army Depot for
29 years.

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

[illegible]

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Form Approved
OMB No. 2000-0438

US EPA RECORDS CENTER REGION 5



482267

MAY 27 1981

ORIGINAL

Notification of Hazardous Waste Site

Side Two

F Waste Quantity

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☒ Other (Specify) Miscellaneous land and building storage areas.

Total Facility Waste Amount

cubic feet 4,000,000 C

gallons _____

Total Facility Area

square feet _____

acres 10 A

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☒ Likely ☐ None

Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

Data is contained in a published installation assessment report prepared by the US Army Toxic and Hazardous Materials Agency. Copies are available upon request to the undersigned.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

Data is contained in a published installation assessment report prepared by the US Army Toxic and Hazardous Materials Agency. Copies are available upon request to the undersigned.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other"

Name _____

Street _____

City _____

State _____

Zip Code _____

Signature _____

Date 20May81

- ☐ Owner, Present
☐ Owner, Past
☐ Transporter
☐ Operator, Present
☐ Operator, Past
☒ Other

CHESTER D. TUTOR

LTC, AGC
Commanding